

**SUMMER 2010 - Registration Form.**  
**Registration date is Saturday, June 19 from 9am-noon.**

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Best phone number to contact you: \_\_\_\_\_

Participant's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Grade (FOR SUMMER REC - Child must have completed Kindergarten in 09-10 school year): \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Phone(s): \_\_\_\_\_

Allergies/Medical Concerns: \_\_\_\_\_

Do you have medical insurance? (Please circle one) Yes No

**Please check off one or more of the following:**

Summer Recreation Program: Full Program \_\_\_\_\_ 1st Session \_\_\_\_\_ 2nd Session \_\_\_\_\_

Multi-Sports Clinics: Ages 7-14 \_\_\_\_\_ Ages 5-7 \_\_\_\_\_ Ages 3-5 \_\_\_\_\_

Tennis Clinics: Ages 8-10 \_\_\_\_\_ Ages 5-7 \_\_\_\_\_

Basketball Programs: Girls 3v3 \_\_\_\_\_ Boys 3v3 \_\_\_\_\_ Clinics \_\_\_\_\_

Recreational Golf: \_\_\_\_\_

Swimming Lessons: \_\_\_\_\_ Swim Team: \_\_\_\_\_

Adult Boot Camp: Session 1 \_\_\_\_\_ Session 2 \_\_\_\_\_ Session 3 \_\_\_\_\_

Sports Conditioning: Session 1 \_\_\_\_\_ Session 2 \_\_\_\_\_ Session 3 \_\_\_\_\_

Family Fitness: \_\_\_\_\_

**Fees are listed in the brochure. Payment is due at registration, we do not accept early registrations. Checks should be made payable to "Town of Eastham". No credit cards.**

**I, the undersigned, understand that there is an inherent risk in recreational programs and that the range of injury can be minor to severe. I also understand and accept that in case of injury, the Town of Eastham is responsible only for First Aid treatment. I further understand that participation in recreation programs requires all participants and spectators to behave in a sportsman-like manner.**

**Media Release: Pictures/video taken in connection with these programs/events may be used for promotional purposes for the Town of Eastham.**

(Please circle one)

**I Agree**

**I Disagree**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date